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FACSIMILE TRANSMITTAL SHEET **OFFICIAL**

TO: Examiner Lee S. Cohen

FIRM/COMPANY: U.S. Patent and Trademark Office – Mail Stop Amendment

FACSIMILE NUMBER: 703.872.9306

**CONFIRMATION
TELEPHONE:** 703.308.2998

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: August 2, 2004

USER NUMBER: 9070

FILE NUMBER: Docket No. R0370-02300

TOTAL # OF PAGES: 69
(INCLUDING COVERSHEET)

MESSAGE: Attached is an Amendment in Response to the Office Action mailed 4/01/2004 and Declaration in connection with application Serial No. 09/847,181 - Filed May 1, 2001.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Hill et al.*For: **HELICALLY SHAPED
ELECTROPHYSIOLOGY CATHETER**

Serial No.: 09/847,181

Filed: May 1, 2001

Atty. Docket No.: R0370-02300

Examiner: L. S. Cohen

Group Art Unit: 3739

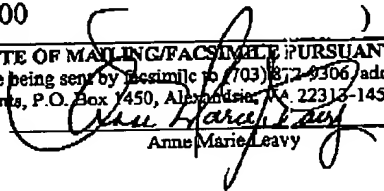
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CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9306, addressed to Examiner Lee S. Cohen, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 2, 2004, in San Francisco, CA.


 Anne Marie Leavy

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment in Response to Office Action Mailed 04/01/2004 and Declaration under 37 CFR §1.131.

2. Claim Fee Calculation

X No additional claim fee is required.
 _____ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Formula	Rate	Fee
Independent Claims	2201	3 - 5 =	0 x	\$43=	\$ 0
Total Claims	2202	27 - 32 =	0 x	\$9=	\$ 0

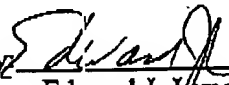
Total Fees Due..... \$ -0-

3. Additional fees: Request for Extension of Time for one (1) month from July 1, 2004 to August 2, 2004 (since August 1st fell on a Monday) pursuant to 37 CFR §1.17(a)(1).....\$55.00
4. Payment of Fees

Enclosed is a check for the total fees due in the amount of ____.

X The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0370-02300. A duplicate copy of this document is enclosed.

By


 Edward J. Lynch
 Registration No. 24,422

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